

DEPARTMENT OF VETERANS AFFAIRS

**Justification and Approval
For
Other Than Full and Open Competition**

SURGICAL IMPLANTS

1. **Contracting Activity:** Network Contracting Office, 1639 Medical Center Parkway, Murfreesboro, TN 37129.
2. **Nature and/or Description of the Action Being Approved:** The purchase of surgical implants from a single source per medical determination of need. IEN# 594467
3. **Description of Supplies/Services Required to Meet the Agency's Needs:**

Peripheral Vasular Implants

Ref# DSL1828. SN# / [REDACTED]; HCPCS – C1887 [REDACTED]

Ref# DLS1828. SN# / [REDACTED]; HCPCS – C1887 [REDACTED]

Ref# RLT351414. SN# / [REDACTED]; HCPCS – C1768 [REDACTED]

Ref# PLA360400. SN# / [REDACTED]; HCPCS – C1768 [REDACTED]

Ref# PXC271000. SN# / [REDACTED]; HCPCS – C1768 [REDACTED]

Ref# PLA360400. SN# / [REDACTED]; HCPCS – C1768 [REDACTED]

Ref# Q5065P. SN# / Lot# [REDACTED]; HCPCS – C1768 [REDACTED]

Ref# PXC271200. SN# / [REDACTED]; HCPCS – C1768 [REDACTED]

4. **Statutory Authority Permitting Other than Full and Open Competition:**

- ☐ (1) Only One Responsible Source and No Other Supplies or Services Will Satisfy Agency Requirements per FAR 6.302-1;
- ☐ (2) Unusual and Compelling Urgency per FAR 6.302-2;
- ☐ (3) Industrial Mobilization, Engineering, Developmental or Research Capability or Expert Services per FAR 6.302-3;
- ☐ (4) International Agreement per FAR 6.302-4
- ☒ (5) Authorized or Required by Statute FAR 6.302-5; see also 38 U.S.C. 8123
- ☐ (6) National Security per FAR 6.302-6;
- ☐ (7) Public Interest per FAR 6.302-7;

5. **Demonstration that the Contractor's Unique Qualifications or Nature of the Acquisition Requires the Use of the Authority Cited Above (applicability of authority):** Surgically implanted products are specified by the clinical team to meet the unique and comprehensive needs of each Veteran with an identified medical indication. The specific product described above has been determined by the clinical team to be the best product to treat the Veteran patient's medical condition and functional limitations. Substituting an implant with other than that specifically prescribed is beyond the role, competency and

professional functions of the Contract Specialist and would be detrimental to the treatment of the Veteran patient. Full and open competition for the above described Implant negates the clinician's subject matter expertise as related to the medical treatment for the individual Veteran. In this case the by-name device(s) is/are the specific prescription and method of treatment for the Veteran-patient.

6. **Description of Efforts Made to ensure that offers are solicited from as many potential sources as deemed practicable:** Not applicable based on the medical determination described above.

7. **Determination by the Contracting Officer that the Anticipated Cost to the Government will be Fair and Reasonable:**

Not applicable based on the medical determination described above.

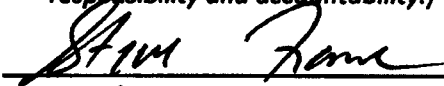
8. **Description of the Market Research Conducted and the Results, or a Statement of the Reasons Market Research Was Not Conducted:** Market research was not conducted based on the medical determination described above.

9. **Any Other Facts Supporting the Use of Other than Full and Open Competition:** VAAR 806.302-5(b)(1) allows an exception to full and open competition for prosthetic appliances in accordance with 38 U.S.C. § 8123.

10. **Listing of Sources that Expressed, In Writing, an Interest in the Acquisition:** N/A

11. **A Statement of the Actions, if any, the Agency May Take to Remove or Overcome any Barriers to Competition before Making subsequent acquisitions for the supplies or services required:** Based on the medical determination above, no further actions are contemplated.

12. **Requirements Certification:** I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge and belief.
(This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)


Signature/Requestor

3/27/13
Date

Steven Frank
Name

Chief
Title

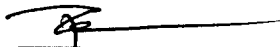
Prosthetics
Service Line

Station 614
Facility

13. Approvals in accordance with FAR 6.304

- a. **Contracting Officer's Certification: (required)** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Beverly J. Parker



Contracting Officer
NCO 9

04/24/2013

Date

- b. **Specialized Team Supervisor (Over \$25,000 not to exceed \$150,000):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.



Gregory Lemons
Supervisory Contracting Officer
NCO 9 Specialized Team Supervisor

4/26/13

Date

- c. **Network Contracts Manager Review and Approval (Over \$150,000 not to exceed \$500,000):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

Linda Greaves
VISN 9 Network Contract Manager
SAO-Central

Date